FORM D

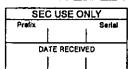
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| 01 | RI | GI | N | A | |
|----|----|----|---|---|--|
|----|----|----|---|---|--|

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response. 16.00



| Name of Offering (check if this is an amend | ment and name has changed, and indicate change.) | |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| | tule 504 Rule 505 Rule 506 Section 4(6) | PROCESSED |
| | A. BASIC IDENTIFICATION DATA | OFD 4 0 2007 |
| 1. Enter the information requested about the issu | uer | SEP 10 ZOUP |
| Name of Issuer (check if this is an amendme Palm Beach Offshore II, Ltd. | nt and name has changed, and indicate change.) | THOMSON FINANCIAL |
| Address of Executive Offices Admiral Financial Center, 5th Floor, 90 Fort St., PO 6 | (Number and Street, City, State, Zip Code) Box 32021, Grand Cayman KY-1208, Cayman Islands | Telephone Number (Including Area Code) 345-949-0704 |
| Address of Principal Business Operations (if different from Executive Offices) | (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| Brief Description of Business Private securities investment fund n | nanaged by Palm Beach Capital Management | , LLC. |
| | ted partnership, already formed other (pl | ease specify): |
| | Month Year nization: 0 8 0 7 X Actual Estim ter two-letter U.S. Postal Service abbreviation for State: N for Canada; FN for other foreign jurisdiction) | ated |
| GENERAL INSTRUCTIONS | | |

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

| | | A DETRICT | រូវតែនា <u>ខែស៊ីតែនកម្</u> មាន ្ | 1 | |
|----------------------------------------------------|------------------------|------------------------------|----------------------------------|--------------------|----------------------------------------------|
| 2. Enter the information re | equested for the fol | llowing: | | | - |
| Each promoter of | the issuer, if the is: | suer has been organized w | ithin the past five years; | | |
| Each beneficial ov | vner having the pow | er to vote or dispose, or di | ect the vote or disposition | of, 10% or more o | f a class of equity securities of the issuer |
| Each executive of | ficer and director o | f corporate issuers and of | corporate general and man | aging partners of | partnership issuers; and |
| Each general and it | managing partner o | f partnership issuers. | | | |
| | | | | G Niver | D 6 |
| Check Box(es) that Apply: | ∑ Promoter | Beneficial Owner | Executive Officer | ☑ Director | General and/or Managing Partner |
| Full Name (Last name first, Prevost, Bruce F. | if individual) | | | | |
| Business or Residence Address 3601 PGA Boulevard | | | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | Executive Officer | M Director | General and/or Managing Partner |
| Full Name (Last name first, Harrold, David W. | if individual) | | | | |
| Business or Residence Addres 3601 PGA Boulevard | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Addre | ess (Number and | Street, City, State, Zip Co | de) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | • | |
| Business or Residence Addre | ess (Number and | Street, City, State, Zip Co | de) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Addre | ess (Number and | Street, City, State, Zip Co | de) | _ | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Addre | ess (Number and | Street, City, State, Zip Co | de) | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Addre | css (Number and | Street, City, State, Zip Co | de) | | |
| | (Use bla | nk sheet, or copy and use | additional copies of this sl | heet, as necessary |) |

| 3 | | | 10 | A STATE OF THE STA | | respond Articles | mas <u>vite</u> i | म (श्रेतिकः | To i g | 1,1 | | | |
|------|-----------|----------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|-----------------------------------------|------------------------------|-----------------------------------------|--------------|-----------------------------------------|-----------|-------------|
| | | | | | | 41 . | | | | | | Yes | No |
| 1. | Has the | : issuer sol | d, or does t | | | - | | | | - | | | Ø |
| | | | | | | n Appendix | | | | | | | 00 000+ |
| 2. | What is | the minin | num investr | nent that v | vill be acco | epted from | any indivi | dual? | | | | | 00,000* |
| 3. | Does th | * Subject to waiver. Does the offering permit joint ownership of a single unit? | | | | | | | Yes ⊠ | No □ | | | |
| 4. | | | | | | | | | | | lirectly, any | , – | |
| | If a pers | son to be li: s, list the n | sted is an as | sociated po proker or d | erson or ag ealer. If m | ent of a bro ore than fiv | ker or deale e (5) perso | er registere ns to be lis | d with the S ted are asso | SEC and/or | the offering. with a state sons of such | ; | |
| Ful | Name (| Last name | first, if ind | ividual) | | | | | | | | | <u>.</u> |
| Bus | iness or | Residence | Address (1 | Number an | d Street, C | ity, State, 7 | Zip Code) | | | | | | |
| Nar | ne of As | sociated B | roker or De | alcr | | | | | | | | | |
| Stat | tes in Wi | nich Person | Listed Ha | s Solicited | or Intend | s to Solicit | Purchasers | ; | | | | | |
| | (Check | "All State: | s" or check | individus | l States) | | ····· | *************** | | | | ☐ Al | l States |
| | AL | [AK] | AZ | AR | CA | CO | CT) | DE | DC | FL | GA | H | ID |
| | IL | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | MO |
| | MT | NE | NV | NH | NJ | NM | NY | NC | ND | OH | OK | OR | PA |
| | RI | SC | SD | TN | TX | UT | [VT] | VA | WA | WV | WI] | <u>WY</u> | PR |
| Full | Name (| Last name | first, if ind | ividual) | | | | | | | | | |
| Bus | iness or | Residence | Address (1 | Number an | d Street, C | City, State, | Zip Code) | | | , | | | |
| Nan | ne of Ass | sociated Br | oker or De | aler | | ·····- | · | | | | | | |
| Stat | es in Wh | ich Person | Listed Ha | Solicited | or Intends | to Solicit | Purchasers | | | - | | | |
| | (Check | "All State: | " or check | individual | States) | | *************************************** | | *************** | ************ | ********** | ☐ Al | l States |
| | AL | AK | AZ | AR | CA | CO | [CT] | DE | (DC) | FL | GA | HI | [ID] |
| | IL) | [N] | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | МО |
| | MT | NE | NV | NH | NJ | NM | NY | NC | ND | ОН | OK | OR | PA |
| | RU | SC | SD | TN | TX | UT | VT | VA | WA | wv | WI | WY | PR |
| Full | Name (| Last name | first, if ind | ividual) | | | | · – · | | | | | |
| Bus | iness or | Residence | Address (1 | Yumber an | d Street, C | City, State, | Zip Code) | | | | | | |
| Nan | ne of Ass | ociated Br | oker or De | aler | • • • • | | | | | | | | |
| Stat | es in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | , | | | | | |
| | (Check | "All States | " or check | individual | States) | | | | *************************************** | | | ☐ Al | l States |
| | AL | [AK] | AZ | AR | CA | CO | CT | DE | DC | FL | GA | HI | Œ |
| | Ī | [N] | IA | KS) | KY | LA | ME | MD | MA | MU | MN | MS | MO |
| | MT | NE | NV | ИН | NJ | NM | NY | NC | ND | OH) | OK | OR | PA |
| | RI | SC | ŞD | TN) | TX | UT | $[\nabla T]$ | VA | WA | ₩V | WI | WY | PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| ı. | sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | 4. | | A I do |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------|-------------|------------------|--------------------------|
| | Type of Security | Aggregate Offering Price | : | AI | Sol | Already d |
| | Debt | | _ | \$ | | |
| | Equity | 250,000,00 | 0_ | \$_ | 0 | |
| | ☐ Common ☐ Preferred | | | | | |
| | Convertible Securities (including warrants) | | | \$ _ | | |
| | Partnership Interests | | _ | s _ | | |
| | Other (Specify) | | | | | |
| | Total | 250,000,0 | 00 | S _ | 0 | |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number Investors O | | • | | egate umount hases |
| | Accredited Investors | | _ | 2_ | | |
| | Non-accredited Investors | - | _ | s _ | | 0 |
| | Total (for filings under Rule 504 only) | | | s _ | | |
| 3. | Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | | | | |
| | Type of Offering | Type of Security | | D | Pollar / Sold | Amount 1 |
| | Rule 505 | NA | _ | \$ _ | | NA |
| | Regulation A | NA | _ | s _ | | NA |
| | Rule 504 | NA | _ | S _ | | NA |
| | Total | NA_ | - | S | | NA |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | | | |
| | Transfer Agent's Fees | [| X | \$ | 1,500 | |
| | Printing and Engraving Costs | [| × | s | 1,000 |) |
| | Legal Fees | [| Z | s | 10,0 | 00 |
| | Accounting Fees | | | s | | |
| | Engineering Fees | [| | s | | |
| | Sales Commissions (specify finders' fees separately) | | | s | | |
| | Other Expenses (identify) blue sky filing fees | • | <u> </u> | s | 2,00 | 0 |
| | Total | - | _ | s | 14.5 | 00 |

The state of the control of the cont

| | b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer." | Question 4.a | . This difference is the "a | djusted gross | | | \$ <u>249</u> | 9,985,500 |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------|---------------|----------------|------------------------------------------------|--------------------------|----------------------|
| 5. | Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part | ly purpose is f the paymen | not known, furnish an is listed must equal the ac | estimate and | | | | |
| | | | | | Ö Dir | ments to efficers, ectors, & filiates | | syments to Others |
| | Salaries and fees | •••••• | | [| X \$ | 0* | s | 0 |
| | Purchase of real estate | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |] s | 0 | s_ | 0 |
| | Purchase, rental or leasing and installation of mac and equipment | | | [|] s_ _ | | s | 0 |
| | Construction or leasing of plant buildings and faci | ilities | | |]\$_ | 0 | □\$ _ | 0 |
| | Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger) | ts or securit | ies of another | [| s | 0 | \$ _ | 0 |
| | Repayment of indebtedness | | | [|]\$ | 45,500 | _s_ | 0 |
| | Working capital | | | | | | □ \$_ | 0 |
| | Other (specify): purchase of portfolio sec | urities | | |] \$ | 0 | X \$_ | <u>249,971,00</u> 0 |
| | | | | |] \$ | 0 | □s_ | 0 |
| | Column Totals | *************************************** | •••••• | C |] \$_ _ | 5,500 | _2 <u>K</u> _ | <u>249,971,00</u> 0 |
| | Total Payments Listed (column totals added) | | | | | [X] \$ | 249,985 | <u>5,5</u> 00 |
| <u></u> | | · D. Girl. | BAF quasidimina ; | | - de - de - | | , 44.16.13 1.14.16.17 | |
| sign | issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accr | nish to the U | .S. Securities and Excha | nge Commiss | ion, u | pon writte | | |
| Issu | er (Print or Type) Palm Beach Offshore II, Ltd. | Signature | 180 | | ate | <u>7</u> . //. | 0- | 7 |
| Nar | ne of Signer (Print or Type) | Title of Sis | ner (Print or Type) | | | | | |
| | O (1/L) | | | | | | | |

* The Investment Manager and its assignees will receive a quarterly cash fee in an amount equal to .25% of net asset value and a quarterly incentive fee equal to up to 12% of any increase in the net asset value. In addition, the issuer will pay or reimburse Palm Beach Capital Management, LLC and its affiliates approximately \$60,000 of organizational and offering expenses advanced on behalf of the issuer.



ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)